

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|--------|----------|
| FEE DETERMINATION | <i>SHM</i> | | 06-14-01 |
| O.I.P.E. CLASSIFIER | | 49 | 6/22/01 |
| FORMALITY REVIEW | <i>zm</i> | 927 | 08/03/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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1c973 U.S. PTO
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Jc4/927

Jc551
05/03/01